

MOMS Licensed Midwife

(PCAP contractor)

Category of Service 0525 - Specialty Code 159 on file; and must be entered on claim

Procedure Code	Description	Maximum Fee
59409	Vaginal delivery only (with or without episiotomy, and/or forceps); (when only inpatient postpartum care is provided in addition to delivery, see appropriate HOSPITAL E/M Code (s) for postpartum care visits*)	\$883
59612	Vaginal delivery only, after previous cesarean delivery (with or without episiotomy and/or forceps); (when only inpatient postpartum care is provided in addition to delivery, see appropriate HOSPITAL E/M code(s) for postpartum care visits.	883

NOTE: Hospital E/M codes cannot be billed with specialty code 159. A separate claim must be submitted if billing for inpatient hospital visits.

MOMS LICENSED MIDWIFE – PCAP CONTRACTOR

1 PROVIDER ID NUMBER 01415263		2 PROVIDER NAME 14256 6214		3 BILLING DATE MO DAY YR 07 15 02		4 GROUP ID NUMBER		5 LOCAL AGENCY CODE 03		6 CLIC SERVICE CODE 159		7 CATEGORY CODE 0525		8 SA CODE A V		9 OFFICE USE ONLY ORIGINAL CLAIM REFERENCE NUMBER			
11 RECEIPT NUMBER 01415263		12 CASE 07 15 02		13 YR OF BIRTH 02		14 SEX F		15 LAST SMITH		16 FIRST MARILYN		17 OFFICE ACCOUNT NUMBER (OPTIONAL)		18 OFFICE USE ONLY		19			
17 CODING METHOD DIE 3 5 1 7 3 A		18 PRIMARY V 2 2 *		19 SECONDARY 1 X 2 X 3 X 4 X		20 EMPLOYMENT Y N Y N Y N Y N		21 COLLEGE X X X X X X X X		22 FAMILY PLANNING Y N Y N Y N Y N		23 ACCIDENT CODE 0		24 MEDICAL CODE 0		25 PRECIPITATION CODE 0		26 PRECIPITATION CODE 0	
31 PLACE OF SERVICE 30 ADDRESS		32 TYPE NAME		33 TYPE NAME		34 ADDRESS 35 ADDRESS NUMBER		36 TYPE NAME		37 TYPE NAME		38 TYPE NAME		39 TYPE NAME		40 TYPE NAME		41 TYPE NAME	
3 PROVIDER NAME 34 ADDRESS		35 TYPE NAME		36 TYPE NAME		37 TYPE NAME		38 TYPE NAME		39 TYPE NAME		40 TYPE NAME		41 TYPE NAME		42 TYPE NAME		43 TYPE NAME	
31 PROVIDER NAME 34 ADDRESS		35 TYPE NAME		36 TYPE NAME		37 TYPE NAME		38 TYPE NAME		39 TYPE NAME		40 TYPE NAME		41 TYPE NAME		42 TYPE NAME		43 TYPE NAME	

DATE OF SERVICE			43 PROCEDURE CODE	44 PROCEDURE DESCRIPTION	45 TIMES PERFORMED	46 TENTAL		48 ANALYST CHARGED	50 MEDICARE	51 MED	52 OTHER INSURANCE PAID	53 BALANCE DUE
MO	DAY	YR				47 TENTAL	49 SUBFACE					
07	10	02	5 9 4 0 9	Vaginal Delivery ONLY		M	/	D	F	L		
						M	/	D	F	L		
						M	/	D	F	L		
						M	/	D	F	L		
						M	/	D	F	L		
						M	/	D	F	L		
						M	/	D	F	L		
						M	/	D	F	L		
						M	/	D	F	L		
						M	/	D	F	L		

CERTIFICATION
I certify that the statements on the reverse side apply to this bill.

Glenda Jackson

07/15/02

CASH PAID \$ 0.00

Medicare Delivery ONLY